1. FSTD Operator Details.

• Operator Name			
• Operator Address			
• Contact details	Name	Phone Number	E-Mail

2. Application.

• The above FSTD operator requests the evaluation of its Flight Simulation Training Device for JCAR-FSTD		
☐ Qualification Revalidation	☐ Variation	☐ Relocation
• Date requested		

3. FSTD Type Details.

Type of FSTD Aircraft	Aircraft Type/Class	Qualification Level			
☐ Flight Simulator (FFS)		☐ A	☐ B	☐ C	☐ D
☐ Flight Training Device (FTD)		☐ 1		☐ 2	
☐ Flight and Navigation Procedure Trainer (FNPT)		☐ I	☐ II	☐ II MCC	
☐ Basic Instrument Training Device (BITD)					

4. FSTD Technical Details.

• FSTD qualification number	
• Qualification Expiry date	
• FSTD Manufacturer Name and Serial No	
• Visual System, if applicable	
• Primary Reference Document	

5. Visual Data Bases Details. (If applicable)

No.	Aerodrome	Visual ground segment run way
a		
b		
c		
d		
e		

6. Qualification Test Guide Detail.

• Number of QTG's run in last year (If All, state "ALL")	
• Number of marginal result.(QTG)	
• Number of failure.(QTG Number)	
• Number of QTG's not run	

7. Manuals and Documentation. (Current Issue)

Manual / Documentation	Current Issue No	Approved Date
• Operations manual		
• Training manual		
• Quality manual		

8. Quality System Details.

• Audits Scheduled since last CARC visit	
• Audits completed / in progress since last CARC visit	
• Scheduled Audits still to be commenced	

9. Accountable Manger Declaration.

• I certify that all the above information given is complete and correct		
Name	**Date**	**Signature**

NOTE. A minimum of 30 working days will normally be required to check and confirm the information given above - If data is missing or omitted the process may take considerably longer